



[HH\_NAME]  
[ADDRESS\_LINE2]  
[ADDRESS\_LINE1]  
[CITY], [STATE] [ZIPCODE]-[ZIP4]

[LETTER\_DATE]

Dear [HOC\_NAME]:

**Your annual open enrollment period has started.**

Open enrollment is the one time each year when you can change health plans. You can change plans now for any family members listed below if you want a different health plan.

**Do you want to keep the health plan you have now?**

If you want to stay in the health plan you are in now, you can do that. You do not have to call us or do anything at all!

**Do you want to change to a different health plan?**

You can choose a new health plan for anyone listed here:

[ENROLLEE 1]	ID #: [EN1_RIN]
[ENROLLEE 2]	ID #: [EN2_RIN]

The health plans in your service area are:

- [PLAN NAME]
- [PLAN NAME]
- [PLAN NAME]

Not all health plans listed may be available for you. To learn more about these health plans, go to [www.EnrollHFS.illinois.gov](http://www.EnrollHFS.illinois.gov). Then click "Compare Plans."

*More on the back >>*

## There are two ways to change your health plan:

- Go to **www.EnrollHFS.Illinois.gov** and click “Enroll,” or
- ③ Call us at **1-877-912-8880** (TTY: 1-866-565-8576). The call is free.

## Choose by [DATE]!

If you don't choose a new plan by **[DATE]**, you will stay in your current health plan until your open enrollment period next year.

Remember, you do not need to do anything to keep the plan you have now.

Thank you,

Illinois Client Enrollment Services

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**Questions?** Visit **www.EnrollHFS.Illinois.gov** or call **1-877-912-8880** (TTY: 1-866-565-8576). The call is free! You can get this information in other languages or formats, such as large print or audio. Tenemos información en español. ¡Servicio de intérpretes gratis! Llame al 1-877-912-8880.